

## Coding and Billing Article

INJ-018 Botulinum Toxin Type A & Type B

### For LCD Database ID Number

L28555

### Effective Date:

\*04/01/2011

### CMS Regulations:

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act section 1862 (a)(7). This section excludes routine physical examinations and services

Title XVIII of the Social Security Act section 1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

### Coding Information

#### CPT/HCPCS Codes

|        |   |
|--------|---|
| J0585  | Injection, Onabotulinumtoxin A, 1 Unit (for example (Botox ®) )   |
| J0586  | Abobotulinumtoxin A, 5 Units (for example Dysport®)   |
| J0587  | Injection, Rimabotulinumtoxin B, 100 units (for example Myobloc™)   |
| *Q2040 | Injection, Incobotulinumtoxin A, 1 Unit   |
| 31513  | Laryngoscopy, indirect (separate procedure); with vocal cord injection  |
| 31570  | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;   |
| 31571  | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope   |
| 43201  | Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance  |
| 43236  | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance. |
| 53899  | Unlisted procedure, urinary system  |
| 64612  | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., blepharospasm, hemifacial spasm)   |
| 64613  | Chemodenervation of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia)  |
| 64614  | Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis)   |
| 64640  | Destruction by neurolytic agent; other peripheral nerve or branch   |
| 64650  | Chemodenervation of eccrine glands; both axilla   |
| 67345  | Chemodenervation of extraocular muscle  |
| 92265  | Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with Interpretation and report   |
| 95860  | Needle electromyography, one extremity and related paraspinal areas   |
| 95861  | Needle electromyography, two extremities and related paraspinal areas   |
| 95863  | Needle electromyography   |
| 95865  | Needle Electromyography; larynx   |
| 95866  | Needle electromyography; hemidiaphragm  |
| 95867  | Needle electromyography; cranial nerve supplied muscle(s) , unilateral  |
| 95868  | Needle electromyography; cranial nerve supplied muscle(s), bilateral  |

- 95869 Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
- 95870 Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscled (unilateral or bilateral, other than thoracic paraspinal, cranial nerve supplied muscles or sphincters)
- 95873 Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
- 95874 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

**Other Information**

**Reasons for Denial**

- 1. Use of Botulinum toxin for the treatment of anal spasm, irritable colon, biliary dyskinesia, headaches, craniofacial wrinkles or any treatment of other spastic conditions not listed as covered in this policy are considered to be experimental (including the treatment of smooth muscle spasm).
- 2. Use of Botulinum toxin for patients receiving aminoglycosides, which may interfere with neuromuscular transmission; or
- 3. Use of Botulinum toxin for patients with chronic paralytic strabismus, except to reduce antagonistic contractor in conjunction with surgical repair
- 4. Treatment exceeding accepted dosage parameters unless supported by individual medical record review as well as treatments where the goal is to improve appearance rather than function.
- 5. The corresponding surgery code was not billed.
- \*6. Use of HCPCS code Q2040 Xeomin® (Incobotulinumtoxin A) for treatment of blepharospasm with no prior history of treatment with Onabotulinumtoxin A (Botox®).
- \*7. HCPCS code Q2040 Xeomin® (Incobotulinumtoxin A) may not be used with any other Botulinum Product.

**Coding Guidelines**

- 1. Claim submission must include an ICD-9-CM code
- 2. No E&M code will be allowed in conjunction with the procedure, unless there is a clear indication that the patient was seen for an entirely different reason. Modifier 25 must be appended to the E&M code to indicate that the visit was for an unrelated condition.
- 3. For injection of Botulinum into laryngeal muscles use CPT code 64999 (Unlisted procedure, nervous system).
- 4. The following guidelines should be used when billing for injections of Botulinum toxin for covered conditions/diagnosis. Failure to report the surgical procedure may result in denial of the claim.

| Procedure Code | ICD-9 Code    | Description                                |
|----------------|---------------|--|
| 31513          | 478.30-478.34 | Paralysis of vocal cords                   |
| 31570          | 478.75        | Laryngeal Spasm                            |
| 31571          | 784.40-784.49 | Voice and resonance disorder, unspecified, |
|                | 784.51        | Dysarthria                                 |
|                | 784.59        | Other Speech Disturbance                   |
| 42699          | 527.7         | Disturbance of salivary secretion          |
| 43201          | 530.0         | Achalasia and cardiospasm                  |
| 43236          | 530.0         | Achalasia and cardiospasm                  |
| 53899          | 596.54        | Neurogenic bladder unsp                    |
|                | 596.55        | Detrusor sphincter dyssynergia             |
|                | 596.59        | Other functional disorder of bladder       |

|                |   |  |
|----------------|---|--|
|                | 788.41  | Urinary Frequency  |
| 64612          | 333.81<br>333.82<br>342.11<br>342.12<br>351.8   | Blepharospasm<br>Orofacial dyskinesia, e.g., jaw opening or jaw closing dystonia<br>Spastic hemiplegia, affecting dominant site<br>Spastic hemiplegia, affecting non-dominant site<br>Other facial nerve disorders – facial myokymia, Melkersson's syndrome  |
| 64613          | 333.6<br>333.71<br>333.72<br>333.79<br>333.83<br>333.89<br>346.70<br><br>346.71<br>346.72<br>346.73<br><br>478.75<br>723.5<br>754.1<br>784.40 -784.49<br>784.51<br>784.52<br>784.59                               | Idiopathic torsion dystonia<br>Athetoid cerebral palsy<br>Acute dystonia<br>Symptomatic torsion dystonia<br>Spasmodic torticollis<br>Other fragments of torsion dystonia<br>Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus<br>Chronic migraine w/o aura w/intractable migraine, so stated, w/o status migrainosus<br>Chronic migraine without aura, with intractable migraine, so stated without mention of status migrainosus<br>Chronic migraine without aura, with intractable migraine, so stated with status migrainosus<br>Laryngeal spasm<br>Torticollis, unspecified<br>Congenital sternomastoid torticollis, congenital wryneck<br>Voice and resonance disorder, unspecified,<br>Dysarthria<br>Fluency disorder in conditions classified elsewhere<br>Other speech disturbance. |
| 64614<br>64640 | 333.1<br>333.3<br>333.6<br>333.71<br>333.72<br>333.79<br>333.84<br>333.89<br>334.1<br>340<br>341.0<br>341.1<br>341.8<br>341.9<br>342.10<br>342.11<br>342.12<br>343.0<br>343.1<br>343.2<br>343.3<br>343.4<br>343.8 | Essential and other specified forms of tremor<br>Tics of organic origin<br>Idiopathic torsion dystonia<br>Athetoid cerebral palsy<br>Acute dystonia<br>Symptomatic torsion dystonia<br>Organic writer's cramp<br>Other torsion dystonia<br>Hereditary spastic paraplegia<br>Multiple sclerosis<br>Neuromyelitis optica<br>Schilder's Disease<br>Other demyelinating disease of central nervous system<br>Demyelinating disease of central nervous system, unspecified<br>Spastic hemiplegia, affecting unspecified site<br>Spastic hemiplegia, affecting dominant site<br>Spastic hemiplegia, affecting non-dominant site<br>Diplegic, congenital<br>Hemiplegic, congenital<br>Quadriplegic<br>Monoplegic<br>Infantile hemiplegia<br>Other specific cerebral palsy   |

|       |        |   |
|-------|--------|---|
|       | 343.9  | Infantile cerebral palsy, unspecified                       |
|       | 344.00 | Quadriplegia, unspecified                                   |
|       | 344.01 | C1-C4, complete   |
|       | 344.02 | C1-C4, incomplete   |
|       | 344.03 | C5-C7, complete   |
|       | 344.04 | C5-C7, incomplete   |
|       | 344.09 | Other quadriplegia  |
|       | 344.1  | Paraplegia  |
|       | 344.2  | Diplegia of upper limb                                      |
|       | 344.30 | Monoplegia of lower limb, affecting unspecified side        |
|       | 344.31 | Monoplegia of lower limb, affecting dominant side           |
|       | 344.32 | Monoplegia of lower limb, affecting nondominant side        |
|       | 344.40 | Monoplegia of upper limb, affecting unspecified side        |
|       | 344.41 | Monoplegia of upper limb, affecting dominant side           |
|       | 344.42 | Monoplegia of upper limb, affecting nondominant side        |
|       | 344.5  | Unspecified monoplegia                                      |
|       | 374.03 | Spastic entropion   |
|       | 374.13 | Spastic ectropion   |
|       | 438.0  | Late effects of cerebrovascular disease; cognitive deficits |
|       | 438.31 | Monoplegia of upper limb affecting dominant side            |
|       | 438.32 | Monoplegia of upper limbs affecting nondominant side        |
|       | 438.41 | Monoplegia of lower limb affecting dominant side            |
|       | 438.42 | Late effects of cerebrovascular disease                     |
|       | 596.54 | Neurogenic bladder unsp                                     |
|       | 596.55 | Detrusor Sphincter Dyssynergia                              |
|       | 596.59 | Other functional disorder of bladder                        |
|       | 705.21 | Primary focal hyperhidrosis                                 |
|       | 728.85 | Spasm of muscles  |
|       | 729.89 | Other musculoskeletal symptoms referable to limbs           |
|       | 781.0  | Abnormal involuntary movements                              |
|       | 788.41 | Urinary Frequency   |
| 64650 | 705.21 | Primary focal hyperhidrosis                                 |
| 67345 | 378.00 | Esotropis, unspecified                                      |
|       | 378.01 | Monocular esotropia   |
|       | 378.02 | Monocular esotropia with A pattern                          |
|       | 378.03 | Monocular esotropia with V pattern                          |
|       | 378.04 | Monocular esotropia with other noncomitancies               |
|       | 378.05 | Alternating esotropia                                       |
|       | 378.06 | Alternating esotropia with A pattern                        |
|       | 378.07 | Alternating esotropia with V pattern                        |
|       | 378.08 | Alternating esotropia with other noncomitancies             |
|       | 378.10 | Exotropia, unspecified                                      |
|       | 378.11 | Monocular exotropia   |
|       | 378.12 | Monocular exotropia with A pattern                          |
|       | 378.13 | Monocular exotropia with V pattern                          |
|       | 378.14 | Monocular exotropia with other noncomitancies               |
|       | 378.15 | Alternating exotropia                                       |
|       | 378.16 | Alternating exotropia with A pattern                        |
|       | 378.17 | Alternating exotropia with V pattern                        |
|       | 378.18 | Alternating exotropia with other noncomitancies             |
|       | 378.20 | Intermittent heterotropia, unspecified                      |
|       | 378.21 | Intermittent esotropia, monocular                           |

|   |        |  |
|---|--------|--|
|   | 378.22 | Intermittent esotropia, alternating                        |
|   | 378.23 | Intermittent exotropia, monocular                          |
|   | 378.24 | Intermittent exotropia, alternating                        |
|   | 378.30 | Heterotropia, unspecified                                  |
|   | 378.31 | Hypertropia  |
|   | 378.32 | Hypotropia   |
|   | 378.33 | Cyclotropia  |
|   | 378.34 | Monofixation syndrome (Microtropia)                        |
|   | 378.35 | Accommodative component in esotropia                       |
|   | 378.40 | Heterophoria, unspecified                                  |
|   | 378.41 | Esophoria  |
|   | 378.42 | Exophoria  |
|   | 378.43 | Vertical heterophoria                                      |
|   | 378.44 | Cyclophoria  |
|   | 378.45 | Alternating hyperphoria                                    |
|   | 378.50 | Paralytic strabismus, unspecified                          |
|   | 378.51 | Third or oculomotor nerve palsy, partial                   |
|   | 378.52 | Third or oculomotor nerve palsy, total                     |
|   | 378.53 | Fourth or trochlear nerve palsy                            |
|   | 378.54 | Sixth or abducens nerve palsy                              |
|   | 378.55 | External ophthalmoplegia                                   |
|   | 378.56 | Total ophthalmoplegia                                      |
|   | 378.60 | Mechanical strabismus, unspecified                         |
|   | 378.61 | Brown's (tendon) sheath syndrome                           |
|   | 378.62 | Mechanical strabismus from other musculoskeletal disorders |
|   | 378.63 | Limited duction associated with other conditions           |
|   | 378.71 | Duane's syndrome   |
|   | 378.72 | Progressive external ophthalmoplegia                       |
|   | 378.73 | Strabismus in other neuromuscular disorders                |
|   | 378.81 | Palsy of conjugate gaze                                    |
|   | 378.82 | Spasm of conjugate gaze                                    |
|   | 378.83 | Convergence insufficiency or palsy                         |
|   | 378.84 | Convergence excess or spasm                                |
|   | 378.85 | Anomalies of divergence                                    |
|   | 378.86 | Internuclear ophthalmoplegia                               |
|   | 378.87 | Other dissociated deviation of eye movements               |
|   | 378.9  | Unspecified disorder of eye movements                      |
| 64999 use for injection procedure when giving Botulinum during a Laryngoscopy | 478.30 | Paralysis of vocal cords, unspecified                      |
|   | 478.31 | Paralysis of vocal cords, unilateral, partial              |
|   | 478.32 | Paralysis of vocal cords, unilateral, complete             |
|   | 478.33 | Paralysis of vocal cords, bilateral, partial               |
|   | 478.34 | Paralysis of vocal cords, bilateral, complete              |

5. To bill medically necessary electromyography guidance, report the appropriate following CPT code(s):
- 92265 Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with Interpretation and report
  - 95860 Needle electromyography, one extremity with or without related paraspinal areas
  - 95861 Needle electromyography, two extremities with or without related paraspinal areas
  - 95863 Needle electromyography, three extremities with or without related paraspinal

- 95864 Needle electromyography, four extremities with or without related paraspinal areas
- 95865 Needle Electromyography; larynx
- 95866 Needle electromyography: hemidiaphragm
- 95867 Needle electromyography; cranial nerve supplied muscle(s) , unilateral
- 95868 Needle electromyography; cranial nerve supplied muscle(s), bilateral
- 95869 Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
- 95870 Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscled (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles or sphincters
- 95873 Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
- 95874 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

7. Botulinum toxin type A is available only in 100 unit vials. Once the drug is reconstituted it has a shelf life of only four (4) hours. Because Botulinum toxin type A is an expensive drug, CMS is encouraging providers to schedule patients in such a way that the drug may be used most efficiently. If a vial is split between patients, the billing in these instances must be for the exact amount of Botulinum toxin used on each individual patient, and a proportion of the wastage for all patients treated on that day. Medicare will not expect to see billing for the full amount for Botulinum toxin on each patient when the vial is split between two or more patients. However, if a physician must discard the remainder of a vial after administering to a Medicare patient, Medicare covers the amount of drug discarded in addition to the amount administered; up to a whole multiple of vials. Documentation must reflect in the patient's medical record the exact dosage of the drug given and a statement that the unused portion of the drug was discarded.
8. Botulinum toxin type B is provided as a clear and colorless to light yellow sterile injectable solution in single use 3.5 glass vials. Botulinum toxin type B may be diluted with normal saline. Once diluted, the product must be used within 4 hours, as the formulation does not contain a preservative. Medicare will reimburse the unused portion of this drug only when the vial is not split between patients. However, documentation must show in the patient's medical record the exact dosage of the drug given and the exact amount of the discarded portion of the drug.

**Revision Date:**

\*01/01/2011

**Publication Date:**

\*01/01/2011, article; 12/01/2010, article; 09/01/2010 article, 02/01/2010, article, 10/01/2009,article; 07/01/2009, article; 04/01/2009

**Revision:**

\*03/01/2011, added HCPCS code Q2040 effective 4/01/2011, removed J3490 effective 03/31/2011; 02/01/2011, ten, corrected typo in revision history, corrected HCPCS J0583 to HCPCS J0585, 01/01/2011, nine, per FDA approval of HCPCS code J0585 for this service added ICD-9 code 346.70 – 346.73, not covered for HCPCS code J0585 346.01 or 346.91; 12/01/2010, seven added information regarding Xeomin®, added ICD-9 code 346.01, 346.11, 346.91 w/CPT code 64613 for J0585 dates of service after 10/15/10 ; 09/01/2010, six, added ICD-9 codes 596.54, 596.55 when billed with CPT code 53899, 64614 or 64647 with an effective date of 05/16/2009; 02/01/2010, four, added CPT code 53899, added ICD-9 596.59 and 788.41 with an effective date of 05/16/2009; 01/01/2010, three, annual HCPCS update change in description of CPT code 95860, J0585, J0587, added J0586, removed reference to brand names in text of LCD; 10/01/2009 two, annual ICD-9, 2010 code update description change 784.40, 784.49 codes

784.42,784.43,784.44 added to range, added new codes 784.51,784.59 Deleted code 784.5; 07/01/2009, one, added ICD-9 code 374.03 and 333.1 to CPT codes 64614 and 64640;

**Note:**

\* - An asterisk indicates a revision to that section of the policy.

This information should be used in combination with LCD INJ-018 Treatment with Botulinum Toxin type A & type B.